PAGE 1 / 67

## FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		For An A	uthorized (	Com	mittee			Office Use Only
NAME OF COMMITTEE (ir		TYPE OR PRINT	•		ample: If typinger the lines.	g, type	12FE4M5	
Gerson for Co	ongress							
ADDRESS (number a	nd street)	PO Box 1465						
Check if d	ifferent							
than previo	ously	Burnsville					MN	55337
2. <b>FEC IDENTIFI</b>	CATION NU	IMBER ▼	CITY	, 🔺			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C005237	38		3. IS THI REPOR		X NEW (N)	OR	AMENI (A)	
July 15  X Octobe  Januar	Reports:  5 Quarterly R  5 Quarterly R  er 15 Quarterl	eport (Q1) eport (Q2) ly Report (Q3) d Report (YE)	Electio	on on	Primary (12P) Convention (*  T-Election Report   General (30G	oort for the:	General (1 Special (1	in the State of
5. Covering Period		M / D D /	Y Y Y Y 2015	Y	through	M M M	/ 30 /	Y Y Y Y 2015
I certify that I have Type or Print Name				my kn	owledge and l	pelief it is t	rue, correct an	d complete.
Signature of Treasur	er <i>David</i>	d Adam Gerson			[Electronically I	Filed]	Date 10	/ D D / Y Y Y Y Y Y 2015
	f false, errone	ous, or incomple	te information	may	subject the per	son signing	this Report to t	the penalties of 2 U.S.C. §437g.
Office Use Only								FEC FORM 3 (Revised 02/2003)

### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

PAGE 2 / 67

Write or Type Committee Name

Octobri for Congress	Gerson	for	Congress
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09 30 2015 01 2015 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 3301.12 8946.12 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 3301.12 8946.12 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 16722.30 23726.11 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 16722.30 23726.11 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 39683.34 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 200000.00 Schedule C and/or Schedule D).....

### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

PAGE 3 / 67

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

### Gerson for Congress

Report Covering the Period: From: 07 01 2015 To: 09 30 2015

I.	RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
1. CONTRIBUTION	ONS (other than loans) FROM:				
Political	lls/Persons Other Than Committees zed (use Schedule A)	1650.62	4485.62		
, ,	mized	1650.50	4460.50		
	individuals	3301.12	8946.12		
	Party Committees	0.00	0.00		
` '	PACs)	0.00	0.00		
(e) TOTAL C	didate	0.00	0.00		
	an loans) es 11(a)(iii), (b), (c), and (d))	3301.12	8946.12		
2. TRANSFERS AUTHORIZED	FROM OTHER  COMMITTEES	0.00	0.00		
3. LOANS: (a) Made or	Guaranteed by the				
	te	48932.59	52432.59		
` '	Loans	0.00	0.00		
(c) TOTAL L (add Line	es 13(a) and (b))	48932.59	52432.59		
4. OFFSETS TO EXPENDITUR					
(Refunds, Rel	oates, etc.)	0.00	0.00		
5. OTHER RECE (Dividends, In	EIPTS tterest, etc.)	0.00	0.00		
11(e), 12, 13(	EIPTS (add Lines c), 14, and 15) o Line 24, page 4)	52233.71	61378.71		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 67

	II. DIS	BURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING	G EXPENDITURES	16722.30	23726.11
18.		S TO OTHER ED COMMITTEES	0.00	0.00
19.	LOAN REP	AYMENTS:		
	. ,	ans Made or Guaranteed Candidate	0.00	0.00
	(b) Of All	Other Loans	0.00	0.00
	` '	LOAN REPAYMENTS ines 19(a) and (b))	0.00	0.00
20.	REFUNDS	OF CONTRIBUTIONS TO:		
	` '	uals/Persons Other Political Committees	0.00	0.00
		F	0.00	0.00
		al Party Committees	0.00	0.00
	` '	as PACs)	0.00	0.00
	` '	CONTRIBUTION REFUNDS ines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DIS	SBURSEMENTS	0.00	0.00
22.		BBURSEMENTS 17, 18, 19(c), 20(d), and 21)	16722.30	23726.11
		III. CASH SUMN	MARY	
23.	CASH ON	HAND AT BEGINNING OF REPORTIN	G PERIOD	4171.93
24	TOTAL REC	CEIPTS THIS PERIOD (from Line 16, p	page 3)	52233.71
25.	SUBTOTAL	. (add Line 23 and Line 24)		56405.64
6.	TOTAL DIS	BURSEMENTS THIS PERIOD (from Li	ne 22)	16722.30
27.		HAND AT CLOSE OF REPORTING PE	ERIOD	39683.34

FOR LINE NUMBER: **PAGE** 5 OF 67 (check only one) 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

SCHEDULE A (FEC Form 3) Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gerson for Congress Full Name (Last, First, Middle Initial) **Chuck Devaney** Date of Receipt Mailing Address 16700 Pueblo Blvd 2015 25 City State Zip Code Transaction ID: SA11AI.6004 MN 55352 Jordan FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1000.00 Name of Employer Occupation Retired Retired Receipt For: 2016 Election Cycle-to-Date | Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) David Adam Gerson Date of Receipt Mailing Address PO Box 1465 19 2015 City State Zip Code Transaction ID: SA11AI.5897 Burnsville MN 55337 FEC ID number of contributing Amount of Each Receipt this Period С H2MN02130 federal political committee. 387.12 Name of Employer Occupation In-kind -Receipt For: 2016 Election Cycle-to-Date Primary General 8887.12 Other (specify) Full Name (Last, First, Middle Initial) Jonathan Painter Date of Receipt Mailing Address 6797 140th St. NE 2015 15 City Zip Code State Transaction ID: SA11AI.5914 MN Prior Lake 55372 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 140.00 Name of Employer Occupation Receipt For: 2016 Election Cycle-to-Date Primary General Other (specify) 475.00 1527.12 SUBTOTAL of Receipts This Page (optional).....

### SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 6 OF 67 (check only one) 11a 11b 11c 11d 12 13a 13b

Use separate schedule(s) for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gerson for Congress Full Name (Last, First, Middle Initial) Jonathan Painter Date of Receipt Mailing Address 6797 140th St. NE 2015 03 City State Zip Code Transaction ID: SA11AI.5933 MN 55372 Prior Lake FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 6.50 Name of Employer Occupation Receipt For: 2016 Election Cycle-to-Date Primary General 481.50 Other (specify) Full Name (Last, First, Middle Initial) Jonathan Painter Date of Receipt Mailing Address 6797 140th St. NE 17 2015 City State Zip Code Transaction ID: SA11AI.5957 Prior Lake MN 55372 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 17.00 Name of Employer Occupation Receipt For: 2016 Election Cycle-to-Date Primary General 498.50 Other (specify) Full Name (Last, First, Middle Initial) Evan Shadduck Date of Receipt Mailing Address 4841 Beach St NE 2015 17 City Zip Code State Transaction ID: SA11AI.5952 MN Prior Lake 55372 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation Receipt For: 2016 Election Cycle-to-Date Primary General Other (specify) 300.00 123.50 SUBTOTAL of Receipts This Page (optional)..... 1650.62 TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3)

	FO	R LINE	NU	MBER:		PAGE		7	OF	(	67
Use separate schedule(s)	(check only one)										
for each category of the Detailed Summary Page		11a		11b		11c		11	d		
		12	X	13a		13b		14			15
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.											

**ITEMIZED RECEIPTS** Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ad NAME OF COMMITTEE (In Full) Gerson for Congress Full Name (Last, First, Middle Initial) David Adam Gerson Date of Receipt Mailing Address PO Box 1465 80 2015 12 City State Zip Code Transaction ID: SA13A.5867 MN 55337 Burnsville FEC ID number of contributing Amount of Each Receipt this Period H2MN02130 federal political committee. 5000.00 Name of Employer Occupation Loan Receipt For: 2016 Election Cycle-to-Date | Primary General 8500.00 Other (specify) Full Name (Last, First, Middle Initial) David Adam Gerson Date of Receipt Mailing Address PO Box 1465 80 2015 City State Zip Code Transaction ID: SA13A.5980 Burnsville MN 55337 FEC ID number of contributing C H2MN02130 Amount of Each Receipt this Period federal political committee. 10000.00 Name of Employer Occupation Loan Receipt For: 2016 Election Cycle-to-Date Primary General 18887.12 Other (specify) C.

Full Name (Last, First, Middle Initial)		Delegal Benefat
David Adam Gerson		Date of Receipt
Mailing Address PO Box 1465		09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA13A.6013
Burnsville	MN 55337	
FEC ID number of contributing federal political committee.	С н2МN02130	Amount of Each Receipt this Period
Name of Employer	Occupation	33932.59 Loan
Receipt For: 2016	Election Cycle-to-Date	
Primary General Other (specify)	52819.71	
SUBTOTAL of Receipts This Page (optional	al)	48932.59

TOTAL This Period (last page this line number only).....

48932.59

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 67 (check only one)
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a		
NAME OF COMMITTEE (In Full)  Gerson for Congress	accided of any pointed out.	
Full Name (Last, First, Middle Initial)  A. Allegra Marketing Print Mail  Mailing Address 2020 Silver Bell Road, Suite 4  City State Eagan MN  Purpose of Disbursement Printing Service  Candidate Name  Office Sought: House Senate Senate President  Printing Printing Other	55122 000 Categ Typ	Transaction ID : SB17.5979
State: District: Full Name (Last, First, Middle Initial) Allegra Marketing Print Mail  Mailing Address 2020 Silver Bell Road, Suite 4		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Eagan MN Purpose of Disbursement Printing Service Candidate Name	Zip Code 55122 00 Categ Typ	Transaction ID : SB17.5991
Office Sought:  House Senate President  State:  Disbursement Othe		
Full Name (Last, First, Middle Initial)  Allegra Marketing Print Mail  Mailing Address 2020 Silver Bell Road, Suite 4		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Eagan MN Purpose of Disbursement Printing Service Candidate Name	Zip Code 55122	Transaction ID : SB17.6008
Office Sought: House Disbursement Senate Prim		
SUBTOTAL of Disbursements This Page (optional)		797.74

## S

SCHEDULE B (FEC Form 3)  TEMIZED DISBURSEMENTS  Use separate sch for each category Detailed Summar					nedule(s) y of the	FOR LINE NUMBER: PAGE 9 OF 67 (check only one)    X   17
						erson for the purpose of soliciting contributions e to solicit contributions from such committee.
$\rangle$	NAME OF COMM Gerson for (	• •				
		First, Middle Initial)				
١.	Amtrak					Date of Disbursement
	Mailing Address	50 Massachusetts Ave	enue NE			08 13 2015
	City		State	Zip Code		Amount of Each Disbursement this Period
	Washington		DC	20002		15.00
	Purpose of Disbut Train Fare	rsement			002	15.00 Transaction ID : SB17.5882
	Candidate Name				Category/ Type	Halisaction ib . 3517.3002
	Office Sought:	House Senate President	Disbursement For Primary Other (s.	General	.,,,,,	
	State:	District: First, Middle Initial)				
3.	Amtrak	, in the second second	anua NE			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 50 Massachusetts Avenue NE						08 17 2015
	City		State	Zip Code		Amount of Each Disbursement this Period
	Washington Purpose of Disbu	rsement	DC	20002		7.00
	Train Fare				002	Transaction ID : SB17.5901
	Candidate Name				Category/ Type	
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General		
	State:	District: First, Middle Initial)				
).	Bel-Aire Sta	•				Date of Disbursement
	Mailing Address	2589 Hamline Ave N				08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		•	o Code		Amount of Each Disbursement this Period
	Roseville Purpose of Disbut	rsement	MN 5	5113		353.63
	Stamps				003	Transaction ID : SB17.5874
	Candidate Name				Category/ Type	Transaction is . OST 7.3074
	Office Sought:	House	Disbursement For			
		Senate President	Primary Other (s	General pecify)		
	State:	District:				
						375.63

SUBTOTAL of Disbursements This Page (optional).....

TEMIZED DISBURSEMENTS    Substitute   Substi					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commental purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Ful) Gerson for Congress  Full Name (Last, First, Middle Initial) All Best Western Rosslyn - Iwo Jima  Mailing Address 1501 Afrington Bivd  City State Zip Code Afrington VA 22209  Purpose of Disbursement HotelLodging Candidate Name  Office Sought: House Senate Personate Tother (specify)  State: District:  Mailing Address 13800 Nicolet Bivd  City State Zip Code Mailing Address 13800 Nicolet Bivd  City State Zip Code Burnswille Name  Candidate Name  Office Sought: House Senate Promany General Post Office Box  Candidate Name  Office Sought: House Senate Primary General Prost Office Box  Candidate Name  Candidate Name  Office Sought: House Senate Primary General Prost Office Box  Candidate Name  Office Sought: House Senate Primary General Prost Office Box  Candidate Name  Office Sought: House Senate Primary General Primary General President  State: District:  Full Name (Last, First, Middle Initial)  2. Capitol Hill Super Market  Mailing Address 241 Massachusetts Ave NE  City State Zip Code Washington Dc 20002  Transaction ID : SB17.5889  Date of Disbursement this Period  Transaction ID : SB17.5889			for each category	dule(s) ( of the	check only one)  X 17 18 19a 19b
Full Name (Last, First, Middle Initial)  A Best Western Rosslyn - Iwo Jima  Mailing Address 1501 Arlington Blvd  Oity State Zip Code Arlington VA 22209  Purpose of Disbursement Hose Losigning  Candidate Name  Office Sought: House Sanate President Disbursement For: 2016  Mailing Address 13800 Nicollet Blvd  Oity State Zip Code Arlington Disbursement Hose Losigning  Candidate Name  Oither (specify)  Disbursement For: 2016  Mailing Address 13800 Nicollet Blvd  Oity State Zip Code MN 55337  Date of Disbursement this Period  Transaction ID: SB17.5910  Date of Disbursement Torse Surgeria Disbursement Surg					
A Best Western Rosslyn - Iwo Jima  Mailing Address 1501 Arington Blvd  City State Zip Code Arington Blvd  City State Zip Code VA 22209  Purpose of Disbursement Hotel Indian State Primary General Prospose of Disbursement P	$\rangle$	• • •			
Mailing Address 1501 Arlington Blvd  City State Zip Code VA 22209  Purpose of Disbursement Hotel Address 1501 Arlington  Office Sought: House Sanate President State: Disbursement For: 2016  Sanate President Other (specify)  Full Name (Last, First, Middle Initial)  Burnsville Post Office  Candidate Name  Office Sought: House Senate Primary General Processor Other (specify)  City State Zip Code MN 55337  Amount of Each Disbursement this Period  Transaction ID: SB17.5910  Amount of Each Disbursement this Period  Transaction ID: SB17.5951  Transaction ID: SB17.5989  Transaction ID: SB17.5889	۹.				
Aringon VA 22209 Purpose of Disbursement Hotel/Lodging Candidate Name  Office Sought: House Senate President Disbursement For: 2016 Full Name (Last, First, Middle Initial) Senate President Disbursement For: 2016 Burnsville Post Office Sought: MN 55337  Purpose of Disbursement Post Office Box Candidate Name  Office Sought: House Senate President Disbursement For: 2016 Burnsville Post Office Disbursement Post Office Box Candidate Name  Office Sought: House Senate President Disbursement For: 2016 Category/ Type  Office Sought: House Disbursement For: 2016 Senate President District:  Full Name (Last, First, Middle Initial) Category/ Type  Office Sought: House Disbursement For: 2016 Capitol Hill Super Market  Mailing Address 241 Massachusetts Ave NE  City State Zip Code Washington DC 20002  Purpose of Disbursement For: 2016 Cardidate Name  Office Sought: House Senate President Disbursement For: 2016 Cardidate Name  Office Sought: House Disbursement For: 2016 Senate President Disbursement For: 201		Mailing Address 1501 Arlington Blvd			
Candidate Name		Arlington VA			
Office Sought: House Senate President For: 2016 Senate President Other (specify)  State: District:  Full Name (Last, First, Middle Initial) Burnsville Post Office  Mailing Address 13800 Nicollet Blvd  City State Zip Code Burnsville MN 55337  Purpose of Disbursement Post Office Box Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Category/ Type  Office Sought: Other (specify)  Category/ Type  Date of Disbursement this Period  Transaction ID : SB17.5951  Date of Disbursement this Period  Transaction ID : SB17.5951  Date of Disbursement this Period  Transaction ID : SB17.5951  Transaction ID : SB17.5989  Transaction ID : SB17.5889		Hotel/Lodging			
Burnsville Post Office  Mailing Address 13800 Nicollet Blvd  City State Zip Code Burnsville MN 55337  Purpose of Disbursement Post Office Box  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Capitol Hill Super Market  Mailing Address 241 Massachusetts Ave NE  City State Zip Code Washington DC 20002  Purpose of Disbursement For: 2016  Cardidate Name  Oate of Disbursement this Period  Transaction ID: SB17.5951  Amount of Each Disbursement this Period  Transaction ID: SB17.5951  Date of Disbursement this Period  Transaction ID: SB17.5951  Amount of Each Disbursement this Period  Transaction ID: SB17.5951  Date of Disbursement this Period  Transaction ID: SB17.5951  Transaction ID: SB17.5889		Office Sought:  House Senate President  State:  Disbursement F Prima Other	ry General		
Burnsville MN 55337  Purpose of Disbursement Post Office Box Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Capitol Hill Super Market  Mailing Address 241 Massachusetts Ave NE  City State Zip Code Washington DC 20002  Purpose of Disbursement For: 2016 Candidate Name  Office Sought: House Disbursement For: 2016 Candidate Name  Office Sought: House Disbursement For: 2016 Candidate Name  Office Sought: House Disbursement For: 2016 Senate President Disbursement For: 2016 Category/ Type  Office Sought: House Disbursement For: 2016 Senate President Disbursement For: 2016	3.	Burnsville Post Office			M M / D D / Y Y Y
Purpose of Disbursement Post Office Box  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Capitol Hill Super Market  Mailing Address 241 Massachusetts Ave NE  City State Zip Code Washington DC 20002  Purpose of Disbursement Food  Candidate Name  Office Sought: House Senate President Disbursement Food  Candidate Name  Office Sought: House Senate President Disbursement For: 2016  State Zip Code DC 20002  Purpose of Disbursement Food  Candidate Name  Office Sought: House Senate President Disbursement For: 2016  State: District: State: District: State Disbursement For: 2016  State: District: State: District: State Disbursement For: 2016  State: District: State District: State Disbursement For: 2016		•			Amount of Each Disbursement this Period
Senate President Other (specify)  State: District:  Full Name (Last, First, Middle Initial) Capitol Hill Super Market  Mailing Address 241 Massachusetts Ave NE  City State Zip Code Washington DC 20002  Purpose of Disbursement Food Candidate Name  Office Sought: House Senate President State: District:  State: District:  Primary General  Date of Disbursement  M M M M M M M M M M M M M M M M M M M		Purpose of Disbursement Post Office Box  Candidate Name	55337	Category/	
Capitol Hill Super Market  Mailing Address 241 Massachusetts Ave NE  City State Zip Code Washington DC 20002  Purpose of Disbursement Food  Candidate Name  Office Sought: House Senate President President State: District:  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Senate Prima President Other	ry General		
Mailing Address 241 Massachusetts Ave NE  City State Zip Code Washington DC 20002  Purpose of Disbursement Food  Candidate Name  Category/ Type  Office Sought: House Senate President President State: District:  State: District:  Mailing Address 241 Massachusetts Ave NE  Amount of Each Disbursement this Period O02  Category/ Type  Transaction ID: SB17.5889					Date of Dishumanant
City State Zip Code Washington DC 20002  Purpose of Disbursement Food  Candidate Name  Office Sought: House Senate President President  State: District:  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB17.5889  Amount of Each Disbursement this Period  Category/ Type  Other (specify)  State: District:	Э.				M M / D D / Y Y Y
Purpose of Disbursement Food  Candidate Name  Office Sought: House Senate President President State: District:  Disbursement For: 2016 Seneral Other (specify)  State: District: 11.35  Transaction ID: SB17.5889  Transaction ID: SB17.5889  Transaction ID: SB17.5889			Zip Code		
Category/ Type  Office Sought: House Disbursement For: 2016 Senate Primary General Other (specify)  State: District:	Purpose of Disbursement				
Senate President Other (specify)  State:  District:  Senate Primary Other (specify)  555.00					Transaction ID: SB17.5889
555.00		Senate Prima President Other	ry General		
	s	<u> </u>			555.00

SC	CHEDULE B (FEC Form 3)	Use separate schedule	(s) (ch	PR LINE NUMBER: PAGE 11 OF 67 neck only one)
T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	ly information copied from such Reports and Statements n for commercial purposes, other than using the name and			
$\rangle$	NAME OF COMMITTEE (In Full) Gerson for Congress			
	Full Name (Last, First, Middle Initial)  City of Savage			Date of Disbursement
٦.				08 03 2015
	Mailing Address 6000 McColl Drive			08 03 2015
	City State Savage MN	Zip Code 55378		Amount of Each Disbursement this Period
	Purpose of Disbursement Facility Reservation		007	53.44
	Candidate Name	Cat	tegory/	Transaction ID: SB17.5870
	Office Sought:  House  Senate  President  Disbursement Fo  Primary  Other (s	r: 2016	Гуре	
	State: District:	specify)		
	Full Name (Last, First, Middle Initial)			
3.	Cosi			Date of Disbursement
	Mailing Address 1801 N. Lynn Street			08 14 2015
	City State	Zip Code		Amount of Each Disbursement this Period
	Arlington	22209		
	Purpose of Disbursement Food		002	19.88 Transaction ID : SB17.5895
	Candidate Name		tegory/ Type	
	Office Sought:  House Senate President  Disbursement Fo Primary Other (s			
	State: District:			
Э.	Full Name (Last, First, Middle Initial)  CWP and Associate LLC			Date of Disbursement
	Mailing Address 340 Old River Rd Apt 616			09 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	•	ip Code 07020		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Finance Director	001	7500.00	
	Candidate Name	tegory/ Type	Transaction ID : SB17.5982	
	Office Sought:  House Senate President  Disbursement Fo Primary Other (s			
	State: District:			
9	IIRTOTAL of Dishursements This Page (ontional)			7573.32

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sched for each category of Detailed Summary	dule(s) (d	OR LINE NUMBER: PAGE 12 OF 67  Check only one)    X   17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar			
NAME OF COMMITTEE (In Full)  Gerson for Congress			
Full Name (Last, First, Middle Initial)  A. Ebenezers Coffeehouse			Date of Disbursement
Mailing Address 201 F Street NE			08 14 2015
City State Washington DC  Purpose of Disbursement	Zip Code 20002		Amount of Each Disbursement this Period 4.73
Food Candidate Name		002 Category/ Type	Transaction ID : SB17.5891
Office Sought:    House   Disbursement		Турс	
Full Name (Last, First, Middle Initial)  Ebenezers Coffeehouse  Mailing Address 201 F Street NE			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Washington DC	Zip Code 20002		Amount of Each Disbursement this Period
Washington DC Purpose of Disbursement Food Candidate Name	20002	002 Category/ Type	2.59 Transaction ID : SB17.5902
	For: 2016 ary General r (specify)		
Full Name (Last, First, Middle Initial)  Ebenezers Coffeehouse			Date of Disbursement
Mailing Address 201 F Street NE			08 / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
		002 Category/ Type	Amount of Each Disbursement this Period  0.83  Transaction ID : SB17.5904
State: District:			
SUBTOTAL of Disbursements This Page (optional)			8.15

## ITEMIZED DISBURSEMENTS

**PAGE** 13 67 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gerson for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Einstein Bros. Bagels 2015 Mailing Address 107 Fuel Farm Road 08 17 Concourse C-225 City State Zip Code Amount of Each Disbursement this Period MD Linthicum 21240 Purpose of Disbursement 2.43 Food 002 Transaction ID: SB17.5906 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Go Daddy Date of Disbursement Mailing Address 14455 N. Hayden Rd. 80 06 2015 #219 City State Zip Code Amount of Each Disbursement this Period ΑZ 85260 Scottsdale 83.88 Purpose of Disbursement Website renewal 003 Transaction ID: SB17.5871 Candidate Name Category/ Type Disbursement For: Office Sought: 2014 House X General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Hard Times Cafe Mailing Address 3028 Wilson Blvd 08 2015 City State Zip Code Amount of Each Disbursement this Period Arlington VA 22201 11.79 Purpose of Disbursement 002 Transaction ID: SB17.5893 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify) State: District: 98.10 SUBTOTAL of Disbursements This Page (optional).....

**PAGE** 14 67 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS X 17 18 19b 19a Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gerson for Congress Full Name (Last, First, Middle Initial) Date of Disbursement A. Kraze Burgers 2015 Mailing Address BWI Airport 08 17 City State Zip Code Amount of Each Disbursement this Period MD **Baltimore** 21240 Purpose of Disbursement 6.31 Meal 002 Transaction ID: SB17.5908 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Ledos Pizza Date of Disbursement Mailing Address 1501 Fairfax Drive 80 14 2015 City State Zip Code Amount of Each Disbursement this Period VA 22209 Arlington 11.73 Purpose of Disbursement 002 Transaction ID: SB17.5887 Candidate Name Category/ Type Disbursement For: Office Sought: 2016 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Ledos Pizza Mailing Address 1501 Fairfax Drive 08 2015 City State Zip Code Amount of Each Disbursement this Period 22209 Arlington VA 11.73 Purpose of Disbursement 002 Transaction ID : SB17.5898 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify) State: District: 29.77

SUBTOTAL of Disbursements This Page (optional).....

## ITEMIZED DISBURSEMENTS

**PAGE** 15 67 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 17 18 19b 19a Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gerson for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Ledos Pizza 2015 Mailing Address 1501 Fairfax Drive 08 17 City State Zip Code Amount of Each Disbursement this Period VA Arlington 22209 Purpose of Disbursement 11.85 Meal 002 Transaction ID: SB17.5899 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Ledos Pizza Date of Disbursement Mailing Address 1501 Fairfax Drive 80 17 2015 City State Zip Code Amount of Each Disbursement this Period VA 22209 Arlington 12.56 Purpose of Disbursement 002 Transaction ID: SB17.5900 Candidate Name Category/ Type Disbursement For: Office Sought: 2016 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. NationBuilder Mailing Address 520 S Grand Ave 2015 16 City State Zip Code Amount of Each Disbursement this Period 90071 Los Angeles CA 69.00 Purpose of Disbursement Campaign Software 003 Transaction ID: SB17.5818 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify) State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

93.41

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	CHEDULE B (FEC I	-	Use separate sc for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 16 OF 67 (check only one)    X   17
					person for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Fu Gerson for Congress	ıll)			
	Full Name (Last, First, Middle NationBuilder	Initial)			Date of Disbursement
	Mailing Address 520 S Grand	Ave			08 17 2015
	City Los Angeles Purpose of Disbursement	State CA	Zip Code 90071	Ι	Amount of Each Disbursement this Period 69.00
	Campaign Software			003	Transaction ID : SB17.5911
	Candidate Name			Category/ Type	
	Office Sought: House Senate Preside	Primary	General	71.	
	State: District: Full Name (Last, First, Middle	Initial)			
В.	NationBuilder  Mailing Address 520 S Grand	·			Date of Disbursement
					09 16 2015
	City Los Angeles	State CA	Zip Code 90071		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Software			003	69.00 Transaction ID : SB17.6000
	Candidate Name			Category/ Type	Transaction in . 3517.0000
	Office Sought: House Senate Preside	Primary	General		
	State: District:				
	Full Name (Last, First, Middle Nova List Marketing	•			Date of Disbursement
	Mailing Address 20130 Lakev Suite 300	iew Center Plaza			07
	City Ashburn		p Code 0147		Amount of Each Disbursement this Period
	Purpose of Disbursement	VA Z		1016.40	
	List Candidate Name				Transaction ID : SB17.5866
	Office Sought: House Senate Preside	Primary	General	Type	
	State: District:				
SI	<b>UBTOTAL</b> of Disbursements T	his Page (optional)			1154.40

## S

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedul for each category of the Detailed Summary Pa	e(s) (ch	PR LINE NUMBER: PAGE 17 OF 67  Reck only one)    X   17
Any information copied from such Reports and Statements ror for commercial purposes, other than using the name and			
NAME OF COMMITTEE (In Full)  Gerson for Congress			
Full Name (Last, First, Middle Initial)  Office Depot  Mailing Address 50 County Roud 42E			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
State: District:	or: 2016	001 ategory/ Type	Amount of Each Disbursement this Period 59.93  Transaction ID: SB17.5995
Full Name (Last, First, Middle Initial)  Office Depot  Mailing Address 50 County Roud 42E			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Burnsville MN  Purpose of Disbursement Office Supplies (Return)  Candidate Name  Office Sought: House Senate President  State: District:	pr: 2016	001 ategory/ Type	Amount of Each Disbursement this Period  -19.34  Transaction ID : SB17.6001
Full Name (Last, First, Middle Initial) Patrick Davis Consulting, LLC  Mailing Address 5160 Hearthstone Lane			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Colorado Springs CO Purpose of Disbursement Campaign Strategy  Candidate Name  Office Sought: House Disbursement Formula Senate Primary	pr: 2016	001 ategory/ Type	Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.5814
SUBTOTAL of Disbursements This Page (optional)			840.59

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: (check only one)    X   17
					person for the purpose of soliciting contributions be to solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) Gerson for Congress				
۹.	Full Name (Last, First, Middle Initial) Patrick Davis Consulting, LLC				Date of Disbursement
	Mailing Address 5160 Hearthstone Lane				08 11 2015
	City Colorado Springs	State CO	Zip Code 80919		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Strategy			001	800.00 Transaction ID : SB17.5881
	Candidate Name			Category/ Type	
	Senate President	ursement For Primary Other (s	General		
	State: District: Full Name (Last, First, Middle Initial)				
3.	Patrick Davis Consulting, LLC  Mailing Address 5160 Hearthstone Lane				Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	Ctata	7in Codo		
	City Colorado Springs	State CO	Zip Code 80919		Amount of Each Disbursement this Period
	Purpose of Disbursement		000.10		500.00
	Campaign Strategy  Candidate Name			001 Category/	Transaction ID : SB17.5992
	Office Sought:  House Senate President  State:  Disb	ursement For Primary Other (s	General	Туре	
	Full Name (Last, First, Middle Initial)				
Э.	Patrick Davis Consulting, LLC				Date of Disbursement
	Mailing Address 5160 Hearthstone Lane				09 10 2015
			p Code		Amount of Each Disbursement this Period
	Colorado Springs CO 80919  Purpose of Disbursement Campaign Strategy			001	800.00
	Candidate Name			Category/ Type	Transaction ID : SB17.5993
	Office Sought:  House Senate President  State:  Disb	ursement For Primary Other (s	General	••	
	District.				
					2100.00

SUBTOTAL of Disbursements This Page (optional).....

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 OF 67 (check only one)    X   17		
	y information copied from such Reports and Statements me for commercial purposes, other than using the name and				
$\rangle$	NAME OF COMMITTEE (In Full)  Gerson for Congress	· · · · · · · · · · · · · · · · · · ·			
۹.	Full Name (Last, First, Middle Initial) Patrick Davis Consulting, LLC		Date of Disbursement		
	Mailing Address 5160 Hearthstone Lane		09 28 2015		
	City State Colorado Springs CO  Purpose of Disbursement Campaign Strategy  Candidate Name	Zip Code 80919 001 Catego Type	pry/		
	Office Sought:    House   Disbursement For	General			
3.	Patrick Davis Consulting, LLC  Mailing Address 5160 Hearthstone Lane	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City State Colorado Springs CO	Zip Code 80919	Amount of Each Disbursement this Period		
	Colorado Springs CO Purpose of Disbursement Campaign Strategy Candidate Name	1197.00 Transaction ID : SB17.6007			
	Office Sought:  House Senate President  State:  Disbursement For Primary Other (s	General			
	Full Name (Last, First, Middle Initial)				
Э.	Jim Picone  Mailing Address ass with Picone		Date of Disbursement		
Mailing Address 205 Whitney Place, NE 08 10 2015					
	•	p Code 20176	Amount of Each Disbursement this Period		
	Purpose of Disbursement Direct Mail Copywriting and Consult	003			
	Candidate Name	Catego Type			
	Office Sought:  House Senate President  State:  Disbursement For Primary Other (s	General			
	State: District:				
9	IIRTOTAL of Dishursements This Page (ontional)		2197.00		

**PAGE** 20 67 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS X 17 19b 18 19a Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gerson for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Piryx, Inc. 2015 Mailing Address 144 2nd St. 1st Floor 02 City State Zip Code Amount of Each Disbursement this Period CA San Francisco 94105-3718 Purpose of Disbursement 9.00 Donation Processing 003 Transaction ID: SB17.5808 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Piryx, Inc. Date of Disbursement Mailing Address 144 2nd St. 1st Floor 07 02 2015 City State Zip Code Amount of Each Disbursement this Period CA San Francisco 94105-3718 4.50 Purpose of Disbursement **Donation Processing** 003 Transaction ID: SB17.5810 Candidate Name Category/ Type Disbursement For: Office Sought: 2016 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Piryx, Inc. Mailing Address 144 2nd St. 1st Floor 2015 13 City State Zip Code Amount of Each Disbursement this Period 94105-3718 San Francisco CA 2.25 Purpose of Disbursement **Donation Processing** 003 Transaction ID : SB17.5817 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify) State: District: 15.75

SUBTOTAL of Disbursements This Page (optional).....

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	CHEDULE B (FEC Form EMIZED DISBURSEMEN	-	Use separate so for each categor Detailed Summa	hedule(s) ry of the	FOR LINE NUMBER: (check only one)    X   17
					erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Gerson for Congress				
Α.	Full Name (Last, First, Middle Initial) Piryx, Inc.				Date of Disbursement
	Mailing Address 144 2nd St. 1st Floo	or			07 17 2015
	City San Francisco Purpose of Disbursement Donation Processing	State CA	Zip Code 94105-3718	003	Amount of Each Disbursement this Period  2.16  Transaction ID : SB17.5820
	Candidate Name			Category/ Type	Transaction is . 35 Tr. 3020
	Office Sought:  Senate  President  State:  District:	Disbursement For Primary Other (s	General		
В.	Full Name (Last, First, Middle Initial) Piryx, Inc.				Date of Disbursement
	Mailing Address 144 2nd St. 1st Floor	or			07 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City San Francisco	State CA	Zip Code 94105-3718		Amount of Each Disbursement this Period
	Purpose of Disbursement Donation Processing			003	2.16 Transaction ID : SB17.5862
	Candidate Name			Category/ Type	
	Office Sought: House Senate President	Disbursement For Primary Other (s	General		
	State: District: Full Name (Last, First, Middle Initial)				
	Piryx, Inc.				Date of Disbursement
	Mailing Address 144 2nd St. 1st Floo	or			08 28 2015
	City San Francisco		p Code 4105-3718		Amount of Each Disbursement this Period
	Purpose of Disbursement Donation Processing			003	1.80
	Candidate Name			Category/ Type	Transaction ID : SB17.5978
	Office Sought: House Senate President	Disbursement For Primary Other (s	General		
_	State: District:				

				<u></u>	
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 22 OF 67 (check only one)    X   17
					person for the purpose of soliciting contributions be to solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) Gerson for Congress		, ,		
۹.	Full Name (Last, First, Middle Initial) Piryx, Inc.				Date of Disbursement
	Mailing Address 144 2nd St. 1st Floor				09 10 2015
	City San Francisco Purpose of Disbursement	State CA	Zip Code 94105-3718		Amount of Each Disbursement this Period
	Donation Processing  Candidate Name			003 Category/	Transaction ID : SB17.5986
	Office Sought: House Disbution Senate President State: District:	ursement For Primary Other (s	General	Туре	
3.	Full Name (Last, First, Middle Initial)  Piryx, Inc.  Mailing Address 144 2nd St. 1st Floor				Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Son Francisco	State	Zip Code		Amount of Each Disbursement this Period
San Francisco CA 94105-3718  Purpose of Disbursement Donation Processing  Candidate Name			003	4.50 Transaction ID : SB17.5988	
		ursement For Primary Other (s	General	Category/ Type	
	Full Name (Last, First, Middle Initial)				Date of Disbursement
Э.	Piryx, Inc.  Mailing Address 144 2nd St. 1st Floor				M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	San Francisco		p Code 4105-3718		Amount of Each Disbursement this Period
	Purpose of Disbursement Donation Processing  Candidate Name			003 Category/	1.13 Transaction ID : SB17.5990
	Office Sought: House Disbution Senate President State: District:	Primary Other (s	General	Type	
					7.88
S	SUBTOTAL of Disbursements This Page (option	ıal)			

## ITEMIZED DISBURSEMENTS

PAGE 23 67 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 17 19b 18 19a Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gerson for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Piryx, Inc. 2015 Mailing Address 144 2nd St. 1st Floor 09 16 City State Zip Code Amount of Each Disbursement this Period CA San Francisco 94105-3718 Purpose of Disbursement 0.45 Donation Processing 003 Transaction ID: SB17.5999 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Piryx, Inc. Date of Disbursement Mailing Address 144 2nd St. 1st Floor 09 25 2015 City State Zip Code Amount of Each Disbursement this Period CA San Francisco 94105-3718 45.00 Purpose of Disbursement **Donation Processing** 003 Transaction ID: SB17.6005 Candidate Name Category/ Type Disbursement For: Office Sought: 2016 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Sbarro Mailing Address 50 Massachusetts Ave NE 08 2015 City State Zip Code Amount of Each Disbursement this Period 20002 Washington DC 5.58 Purpose of Disbursement 002 Transaction ID: SB17.5903 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify) State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 24 OF 67 (check only one)
	EMIZED DISBURSEMENTS	Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a		
\	NAME OF COMMITTEE (In Full)		
/	Gerson for Congress		
Δ	Full Name (Last, First, Middle Initial)  Skype		Date of Disbursement
	Mailing Address 23-29 Rives de Clausen		07
	City State	Zip Code	Amount of Each Disbursement this Period
	Luxembourg ZZ		
	Purpose of Disbursement Phone Service	003	2.99 Transaction ID : SB17.5860
	Candidate Name	Category, Type	
	Office Sought:  House Senate President  Disbursement For Primary Other (s	: 2016 General	
	State: District:		
3.	Full Name (Last, First, Middle Initial)  Skype		Date of Disbursement
	Mailing Address 23-29 Rives de Clausen		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Amount of Each Disbursement this Period
	Luxembourg ZZ		Amount of Each dispursement this Penou
	Purpose of Disbursement Phone Service	003	2.99 Transaction ID : SB17.5975
	Candidate Name	Category/ Type	
	Office Sought:  House Senate President  Disbursement For Primary Other (s	General	
	State: District:		
Э.	Full Name (Last, First, Middle Initial) Skype		Date of Disbursement
	Mailing Address 23-29 Rives de Clausen		09 / D D / Y Y Y Y Y 2015
	City State Zi	p Code	Amount of Each Disbursement this Period
	Luxembourg ZZ		Amount of Each Disbursement this Feriod
	Purpose of Disbursement Phone Service	2.99	
	Candidate Name	Category/ Type	Transaction ID : SB17.6002
	Office Sought:  House Senate President  Disbursement For Primary Other (s	General	
	State: District:		
s	UBTOTAL of Disbursements This Page (optional)		8.97

## ITEMIZED DISBURSEMENTS

**PAGE** 25 67 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 17 18 19b 19a Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gerson for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Spirit Airlines 2015 Mailing Address 2800 Executive Way 08 10 City State Zip Code Amount of Each Disbursement this Period FΙ Miramar 33025 356.18 Purpose of Disbursement Airfare 002 Transaction ID: SB17.5875 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Spirit Airlines Date of Disbursement Mailing Address 2800 Executive Way 09 2015 11 City State Zip Code Amount of Each Disbursement this Period FL 33025 Miramar Purpose of Disbursement 221.18 002 Transaction ID: SB17.5994 Candidate Name Category/ Type Disbursement For: Office Sought: 2016 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) c. USPS Date of Disbursement Mailing Address 7287 153rd St 07 02 2015 City State Zip Code Amount of Each Disbursement this Period Apple Valley MN 55124 98.00 Purpose of Disbursement Stamps 003 Transaction ID : SB17.5811 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify) State: District: 675.36 SUBTOTAL of Disbursements This Page (optional).....

## ITEMIZED DISBURSEMENTS

**PAGE** 26 67 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 17 18 19b 19a Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gerson for Congress Full Name (Last, First, Middle Initial) Date of Disbursement USPS 2015 Mailing Address 7287 153rd St 08 07 City State Zip Code Amount of Each Disbursement this Period MN Apple Valley 55124 Purpose of Disbursement 3.14 Postage 003 Transaction ID: SB17.5872 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) USPS Date of Disbursement Mailing Address 7287 153rd St 80 10 2015 City State Zip Code Amount of Each Disbursement this Period MN 55124 Apple Valley 6.15 Purpose of Disbursement Postage 003 Transaction ID: SB17.5876 Candidate Name Category/ Type Disbursement For: Office Sought: 2016 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) c. USPS Date of Disbursement Mailing Address 7287 153rd St 09 2015 City State Zip Code Amount of Each Disbursement this Period Apple Valley MN 55124 35.00 Purpose of Disbursement Stamps 001 Transaction ID: SB17.5996 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify) State: District: 44.29 SUBTOTAL of Disbursements This Page (optional).....

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SCHEDULE B (FEC F	-	Use separate sch for each category Detailed Summar	nedule(s) ( of the	FOR LINE NUMBER: PAGE 27 OF 67 check only one)    X   17
	than using the name and			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle A. Walmart  Mailing Address 1200 Shingle				Date of Disbursement  O7 27 2015
City Brooklyn Center Purpose of Disbursement Batteries  Candidate Name  Office Sought: House Senate Preside State: District:	`	General	001 Category/ Type	Amount of Each Disbursement this Period  16.04  Transaction ID: SB17.5863
B. Full Name (Last, First, Middle Walmart  Mailing Address 1200 Shingle				Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brooklyn Center Purpose of Disbursement Office Supplies  Candidate Name  Office Sought: House Senate Preside		General	001 Category/ Type	Amount of Each Disbursement this Period 4.25  Transaction ID: SB17.5912
State: District:  Full Name (Last, First, Middle C. Washington Metropo  Mailing Address 700 Blk 1st St  City Washington Purpose of Disbursement Metro Fare  Candidate Name  Office Sought: House	litan Area Transit A reet NE State Zi	p Code 0011	002 Category/ Type	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate Preside State: District:	nt Primary Other (s			

SUBTOTAL of Disbursements This Page (optional).....

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate so for each categor Detailed Summa	ry of the	FOR LINE NUMBER: (check only one)    X   17
	ny information copied from such Reports and Statement for commercial purposes, other than using the name a			
	NAME OF COMMITTEE (In Full) Gerson for Congress			
Α.	Full Name (Last, First, Middle Initial) Washington Metropolitan Area Transit	Authority		Date of Disbursement
	Mailing Address 700 Blk 1st Street NE			08 13 2015
	City State Washington DC	Zip Code 20011		Amount of Each Disbursement this Period
	Purpose of Disbursement Metro Fare		002	12.00 Transaction ID : SB17.5885
	Candidate Name		Category/ Type	Halisaction ib . 3617.3003
			, ,,	
_	State: District: Full Name (Last, First, Middle Initial)			
В.	Wells Fargo			Date of Disbursement
	Mailing Address 15574 Pilot Knob Rd			08 12 2015
	City State Apple Valley MN	Zip Code 55124		Amount of Each Disbursement this Period
	Purpose of Disbursement Fee		001	17.50 Transaction ID : SB17.5868
	Candidate Name		Category/ Type	Transaction is . 3517.3000
	Office Sought: House Disbursement Senate Prim	ary General		
	President Othe State: District:	er (specify)		
	Full Name (Last, First, Middle Initial)			
C.	Wells Fargo			Date of Disbursement
	Mailing Address 15574 Pilot Knob Rd			09 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Apple Valley MN	Zip Code 55124		Amount of Each Disbursement this Period
	Purpose of Disbursement Wire Transfer Service Charge			30.00
	Candidate Name		Category/ Type	Transaction ID : SB17.5983
	Office Sought:  House  Senate  President  Disbursement  Prim Othe		1 3,60	
	State: District:			
				59.50

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Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4392 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 16554.96 0.00 16554.96 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 <sup>M</sup> 05<sup>M</sup> Ž012 1/1/2020 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 16554.96 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4365 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 07<sup>M</sup> <sup>D</sup>19<sup>D</sup> Ž012 0.00 NA % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4381 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>24<sup>D</sup> <sup>M</sup> 07<sup>M</sup> Ž012 0.00 NA % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4468 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5.00 0.00 5.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>24<sup>D</sup> <sup>M</sup> 07<sup>M</sup> Ž012 0.00 NA % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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	AME OF COMMITTEE (In Full) Gerson for Congress		Transac	tion ID : SC/10.4128
	LOAN SOURCE Full Name (Last, First, Mind David Adam Gerson  Mailing Address	iddle Initial)	[PERSONAL FUNDS]	Election: 2012  Primary  General  Other (consist)
	PO Box 1465			Other (specify)   ———————————————————————————————————
	City Burnsville	State ZIP ( MN 5533		
	Original Amount of Loan 5000.00	Cumulative Payment	To Date Bala	nce Outstanding at Close of This Period
	Date Incurred  M07 / 26 / Y 2012 Y	Date Du	ue Interest Rate	
	List All Endorsers or Guarantors (if any)  1. Full Name (Last, First, Middle Initial)	to Loan Source	Name of Employer	
	Mailing Address		Occupation	
	City State	ZIP Code	Amount Guaranteed Outstanding:	9 9
	2. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
	City State	ZIP Code	Amount Guaranteed Outstanding:	9 9
	3. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
	City State	ZIP Code	Amount Guaranteed Outstanding:	7
	4. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
	City State	ZIP Code	Amount Guaranteed Outstanding:	9 9
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Detailed Summary Page Transaction ID: SC/10.4389 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 <sup>M</sup>08<sup>M</sup> Ž012 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4129 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>08<sup>M</sup> <sup>D</sup>10<sup>D</sup> Ž012 0.00 NA % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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DAN5		Detailed Summary Page	13b
AME OF COMMITTEE (In Full) Gerson for Congress		Transaction	on ID : SC/10.4470
LOAN SOURCE Full Name (Last, F David Adam Gerson	irst, Middle Initial)	[PERSONAL FUNDS]	Election: 2012  Primary  General
Mailing Address PO Box 1465			Other (specify)
City Burnsville	State ZIP Co MN 55337	de	
Original Amount of Loan 6.	Cumulative Payment To	Date Balance	ce Outstanding at Close of This Period
TERMS  Date Incurred  M 08 / D 10 / Y 2012	Date Due	Interest Rate  VNA  O.00	Secured:  % (apr)  Yes  No
List All Endorsers or Guarantors (i  1. Full Name (Last, First, Middle In		Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, , , , , ,
2. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, , , , , ,
3. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,
4. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9 9
SUBTOTALS This Period This Page (o	·		6.00
Carry outstanding balance only to LIN			rd to appropriate line of Summary.

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	Detailed Summary Page 13b
NAME OF COMMITTEE (In Full)	Transaction ID : SC/10.4130
Gerson for Congress	
LOAN SOURCE Full Name (Last, First, Middle Initial)  David Adam Gerson	[PERSONAL FUNDS] Election: 2012  Primary General
Mailing Address PO Box 1465	Other (specify) ▼
City State ZIP Co.	de
Burnsville MN 55337	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period  0.00 1000.00
Date Incurred  Date Due	Interest Rate Secured:  YNA  O.00  (apr)  Yes  No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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Use separate schedule(s) for each category of the

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AME OF COMMITTEE (In Full)			Transa	ction ID : SC/10.4131
Serson for Congress				
LOAN SOURCE Full Name (Last	, First, Middle I	nitial)	[PERSONAL FUNDS]	Election: 2012
David Adam Gerson				Primary General
Mailing Address PO Box 1465				Other (specify)
City	State	e ZIP Co	de	
Burnsville	MN	55337		
Original Amount of Loan	Cur	mulative Payment To	Date Bala	ance Outstanding at Close of This Period
100	00.00		0.00	1000.00
TERMS  Date Incurred		Date Due	Interest Rate	e Secured:
M08 <sup>M</sup> / D20 <sup>D</sup> / Y 2012	М М	/ D D / Y	NA O.00	% (apr) Yes No
List All Endorsers or Guarantors	s (if any) to Loa	an Source		Tes INO
1. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State ZII	P Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle	nitial)		Name of Employer	,
Mailing Address			Occupation	
City	State ZII	P Code	Amount Guaranteed	
-			Outstanding:	9 9 9 9
3. Full Name (Last, First, Middle	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State 711	P Code	Amount Guaranteed	
City		- Code	Outstanding:	9 9
4. Full Name (Last, First, Middle	nitial)		Name of Employer	
Mailing Address			Occupation	
-			Amount	
City	State ZII	P Code	Guaranteed Outstanding:	7 7 7
LIPTOTAL C This Deviced This Device	(antional)			4000.00
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Detailed Summary Page Transaction ID: SC/10.4442 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 479.33 0.00 479.33 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 02<sup>M</sup> <sup>D</sup>22 2013 1/1/2020 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 479.33 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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AME OF COMMITTEE (In Full) Gerson for Congress			Transa	nction ID : SC/10.4444	
LOAN SOURCE Full Name (Last, David Adam Gerson	First, Middle Initi	al)	[PERSONAL FUNDS]	Election: 2014  Primary	
Mailing Address PO Box 1465				General Other (specify)	) <b>▼</b>
City	State	ZIP Co	nde		
Burnsville	MN	55337	, de		
Original Amount of Loan	Cumu	lative Payment To	Date Ba	lance Outstanding at	Close of This Period
300	0.00		0.00		3000.00
TERMS  Date Incurred		Date Due	Interest Ra	te	Secured:
<sup>M</sup> 02 <sup>M</sup> / <sup>D</sup> 25 <sup>D</sup> / Y 2013	Y M M	/ D D / Y	1/1/2020 ° 0.0	00 % (apr)	
List All Endorsers or Guarantors	(if any) to Loan	Source			Yes No
1. Full Name (Last, First, Middle	Initial)		Name of Employer		
Mailing Address			Occupation		
City	State ZIP (	Code	Amount Guaranteed Outstanding:	7	
2. Full Name (Last, First, Middle In	nitial)		Name of Employer		
Mailing Address			Occupation		
City	State ZIP (	Code	Amount Guaranteed Outstanding:	7 7	
3. Full Name (Last, First, Middle In	nitial)		Name of Employer		
Mailing Address			Occupation		
City	State ZIP (	Code	Amount Guaranteed Outstanding:	7	
4. Full Name (Last, First, Middle In	nitial)		Name of Employer		
Mailing Address			Occupation		
City	State ZIP (	Code	Amount Guaranteed Outstanding:	7 7	
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AME OF COMMITTEE (In Full)			Transa	ction ID : SC/10.4464
Gerson for Congress				
LOAN SOURCE Full Name (La	st, First, Mic	ddle Initial)	[PERSONAL FUNDS]	Election: 2014
David Adam Gerson				Y Primary General
Mailing Address PO Box 1465				Other (specify) ▼
City		State ZIF	P Code	
Burnsville		MN 55	337	
Original Amount of Loan		Cumulative Paymer	nt To Date Bal	ance Outstanding at Close of This Period
3	000.00	7	0.00	3000.00
TERMS  Date Incurred		Date	Due Interest Rat	re Secured:
M03 <sup>M</sup> / 26 <sup>D</sup> / Y 202	13 Y	M M / D D /	1/1/20 <sup>2</sup> 0 ° 0.00	0 % (apr) Yes No
List All Endorsers or Guaranto	rs (if any) to	o Loan Source		163 140
1. Full Name (Last, First, Middl	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle	Initial)		Name of Employer	,
·	- milaly		Traine of Employer	
Mailing Address			Occupation	
O'th .	04-4-	710.0-1-	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	
3. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	9 9
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AME OF COMMITTEE (In Full) Gerson for Congress			Transac	ction ID : SC/10.4502
LOAN SOURCE Full Name (Las	st, First, Mid	dle Initial)	[PERSONAL FUNDS]	Election: 2014
David Adam Gerson				Y Primary General
Mailing Address PO Box 1465				Other (specify)
City		State ZIP 0	Code	
Burnsville		MN 5533	7	
Original Amount of Loan		Cumulative Payment	To Date Bala	ance Outstanding at Close of This Perio
40	00.00	,	0.00	4000.00
TERMS Date Incurred		Date Du	ie Interest Rate	e Secured:
M04 <sup>M</sup> / D18 <sup>D</sup> / Ž01	ž Y	M M / D D /	1/1/20 ° 0.00	% (apr) Yes No
List All Endorsers or Guaranton		Loan Source		100 110
1. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	9 9 9
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	9 9
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Detailed Summary Page Transaction ID: SC/10.4545 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 4000.00 0.00 4000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 13<sup>D</sup> <sup>M</sup> 05<sup>M</sup> 2013 0.00 1/1/20 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 4000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4591 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>06<sup>M</sup> <sup>D</sup>10<sup>D</sup> 2013 0.00 1/1/20 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4622 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 131.12 0.00 131.12 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>30 <sup>M</sup>06<sup>M</sup> 2013 0.00 1/1/20 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 131.12 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.5169 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 05 <sup>M</sup> 07<sup>M</sup> 2013 0.00 1/1/20 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.5170 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 07<sup>M</sup> <sup>D</sup>29<sup>D</sup> 2013 0.00 1/1/20 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.5172 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 19<sup>D</sup> <sup>M</sup>08<sup>M</sup> 2013 0.00 1/1/20 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.5173 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 09<sup>M</sup> <sup>D</sup>12 2013 0.00 1/1/20 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.5174 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>30 <sup>M</sup> 09<sup>M</sup> 2013 0.00 1/1/20 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.5202 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify) ulletPO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 <sup>M</sup> 10<sup>M</sup> 2013 0.00 1/1/20 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.5203 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify) ulletPO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 10<sup>M</sup> <sup>D</sup>16 2013 0.00 1/1/20 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.5204 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify) ulletPO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 23 <sup>M</sup> 10<sup>M</sup> 2013 0.00 1/1/20 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.5205 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify) ulletPO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м <sub>= М</sub> 04 2013 0.00 1/1/20 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.5206 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify) ulletPO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 4000.00 0.00 4000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м <sub>= М</sub> <sup>D</sup> 13<sup>D</sup> 2013 0.00 1/1/20 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 4000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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DANS			Detailed Summary Pag	
AME OF COMMITTEE (In Full) Gerson for Congress			Transac	etion ID : SC/10.5207
LOAN SOURCE Full Name David Adam Gerson  Mailing Address PO Box 1465	(Last, First, Midd	le Initial)	[PERSONAL FUNDS]	Election: 2014  Primary General Other (specify)
City		State ZIP C	Gode	
Burnsville		MN 55337	7	
Original Amount of Loan	3000.00	Cumulative Payment T	o Date Bala	ance Outstanding at Close of This Period
	3000.00		0.00	3000.00
Date Incurred	ž013 <sup>Y</sup>	Date Due	Interest Rate  1/1/1/20  O.00	
List All Endorsers or Guar  1. Full Name (Last, First, Marchael Control of Co	. , ,	Loan Source	Name of Employer	
•	madie milial)			
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, M	iddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, M	iddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	, ,
4. Full Name (Last, First, M	iddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
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Detailed Summary Page Transaction ID: SC/10.5208 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify) ulletPO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 4000.00 0.00 4000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м <sub>= М</sub> <sup>D</sup>29<sup>D</sup> 2013 0.00 1/1/20 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 4000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.5209 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify) ulletPO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 4000.00 0.00 4000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 12<sup>M</sup> 09 2013 0.00 1/1/20 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 4000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.5210 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify) ulletPO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 12<sup>M</sup> <sup>D</sup>16 2013 0.00 1/1/20 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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AME OF COMMITTEE (In Full)			Transac	ction ID : SC/10.5542
Gerson for Congress				
LOAN SOURCE Full Name (La	ast, First, Mic	ddle Initial)	[PERSONAL FUNDS]	Election: 2014
David Adam Gerson				Primary General
Mailing Address PO Box 1465				Other (specify)
City		State ZIP C	Code	
Burnsville		MN 5533	7	
Original Amount of Loan		Cumulative Payment 1	To Date Bala	ance Outstanding at Close of This Period
7 7	3000.00	,	0.00	3000.00
TERMS  Date Incurred		Date Du	e Interest Rate	e Secured:
M 01 M / D 08 D / Y 20	114 Y	M M / D D / Y	1/1/20 Y 0.00	% (apr) Yes No
List All Endorsers or Guarante	ors (if any) to	o Loan Source		163 140
1. Full Name (Last, First, Midc	lle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed	
-	1 1/		Outstanding:	9 9
2. Full Name (Last, First, Middl	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed	7
3. Full Name (Last, First, Middl	e Initial)		Outstanding:  Name of Employer	,
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	9
4. Full Name (Last, First, Middl	e Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	7
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AME OF COMMITTEE (In Full) Serson for Congress		Transaction ID : SC/10.5543
LOAN SOURCE Full Name (Last, F) David Adam Gerson	First, Middle Initial)	[PERSONAL FUNDS] Election: 2014   Primary
Mailing Address PO Box 1465		General Other (specify) ▼
City	State ZIP	Code
Burnsville	MN 553	337
Original Amount of Loan	Cumulative Paymen	t To Date Balance Outstanding at Close of This Pe
5000	00	0.00 5000.00
TERMS  Date Incurred	Date [	Due Interest Rate Secured:
M01 <sup>M</sup> / P16 <sup>D</sup> / Y Ž014	Y M M / D D /	1/1/20
List All Endorsers or Guarantors (	f any) to Loan Source	
1. Full Name (Last, First, Middle In	itial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Ini	iial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Ini	iial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Ini	tial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
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NAME OF COMMITTEE (In Full) Gerson for Congress		Transac	tion ID : SC/10.5544
LOAN SOURCE Full Name (Last, First, M	liddle Initial)	[PERSONAL FUNDS]	Election: 2014
David Adam Gerson			
			General
Mailing Address PO Box 1465			Other (specify)
City	State ZIP (		
Burnsville	MN 5533	37	
Original Amount of Loan	Cumulative Payment		nce Outstanding at Close of This Period
10000.00		0.00	10000.00
TERMS  Date Incurred	Date Du	ue Interest Rate	Secured:
M 02 M / D 26 D / Y 2014 Y	M M / D D /	Y 1/1/20 Y 0.00	% (apr) Yes No
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	9 9
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DANS		Detailed Summary Page	ge (Crieck Only One) 13b
AME OF COMMITTEE (In Full) Gerson for Congress		Transac	ction ID : SC/10.5587
LOAN SOURCE Full Name (Last, First, David Adam Gerson	Middle Initial)	[PERSONAL FUNDS]	Election: 2014  Primary  General
Mailing Address PO Box 1465			Other (specify)
City Burnsville	State ZIP MN 553	Code 37	
Original Amount of Loan	Cumulative Payment	To Date Bala	ance Outstanding at Close of This Period
TERMS  Date Incurred  M 10 Y 28 Y 2014	Date D	ue Interest Rate  Y NA  O.00	
List All Endorsers or Guarantors (if an	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 9
UBTOTALS This Period This Page (option OTALS This Period (last page in this line	•		391.00
Carry outstanding balance only to LINE 3,		,	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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AME OF COMMITTEE (In Full)	)		Transac	ction	ID : SC/10.5608			
Gerson for Congress								
LOAN SOURCE Full Name	(Last, First, Middl	e Initial)	[PERSONAL FUNDS]		ction: 2016			
David Adam Gerson				X	Primary General			
Mailing Address PO Box 1465					Other (specify)	<b>*</b>		
City	S	tate ZIP Co	de					
Burnsville		MN 55337						
Original Amount of Loan		Cumulative Payment To	Date Bala	ance (	Outstanding at C	ose of Th	nis [	Period
9 9	3500.00		0.00		77	3500	).00	
TERMS  Date Incurred	1	Date Due	Interest Rate	9		Secured:	:	
M 03 M / D 04 D / Y	Ž015 Y	M / D D / Y	NA O.00		% (apr)	Yes	×	No
List All Endorsers or Guar	antors (if any) to I	Loan Source						110
1. Full Name (Last, First, N	Middle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount	_			_	
City	State	ZIP Code	Guaranteed Outstanding:	7	7	-		
2. Full Name (Last, First, M	iddle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount Guaranteed	_			Τ	
City	State	ZIP Code	Outstanding:	7	7		-	
3. Full Name (Last, First, M	iddle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount	_			Τ	
City	State	ZIP Code	Guaranteed Outstanding:	7	7	-	_	
4. Full Name (Last, First, M	iddle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount	_			_	
City	State	ZIP Code	Guaranteed Outstanding:	7	9		_	
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TOTALS This Period (last page	e in this line only)		·····		, ,			
Carry outstanding balance on	v to LINE 3 Scheo	lule D. for this line If	no Schedule D. carry fory	ward	to appropriate li	ne of Su	mm	narv.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.5867 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify) ulletPO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>08<sup>M</sup> <sup>D</sup>12 2015 0.00 NA % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.5980 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify) ulletPO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 09<sup>M</sup> 08 2015 0.00 NA % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.6013 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary David Adam Gerson General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 33932.59 0.00 33932.59 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 09<sup>M</sup> <sup>D</sup>30 2015 0.00 NA % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 33932.59 TOTALS This Period (last page in this line only) ...... 200000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.